

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

684 152

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9		1					59						
10	1						60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19		1					69						
20	1						70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26	1						76						
27		1					77						
28		1					78						
29		1					79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34		1					84						
35	1						85						
36	1						86						
37		1					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS